Case 18-00591 Doc 26 Filed 04/04/18 Entered 04/04/18 11:44:50 Desc Main Document Page 1 of 2

Fill	in this information to identify your	case:											
De	btor 1 Roseann C	Goritz											
	btor 2												
Un	ited States Bankruptcy Court for the	ne: NORTHERN DISTRIC	CT OF ILLINOIS										
1	se number 18-00591	_			Chec	k if this is	:						
(If k	nown)						ın amende	ed filing					
									ng postpetition ollowing date:				
0	fficial Form 106l					N	// / DD/ \	YYYY					
S	chedule I: Your Inc	come								12/15			
atta	touse. If you are separated and you che a separate sheet to this form To the Describe Employment Fill in your employment	n. On the top of any additi					umber (if	known). A	Answer every				
	information.						Debtor 2 or non-filing spouse ☐ Employed						
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed□ Not employed	_ ' ,					☐ Not employed				
		Occupation	Sales Associate	е									
	Include part-time, seasonal, or self-employed work.	Employer's name	Pier 1 Imports										
	Occupation may include studen or homemaker, if it applies.	t Employer's address	100 Pier 1 Place PO Box 961020 Fort Worth, TX										
		How long employed t	here?				_						
Pa	rt 2: Give Details About M	onthly Income											
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to r	eport for	any	line, write	e \$0 in the	space. In	clude your no	n-filing			
	ou or your non-filing spouse have re space, attach a separate sheet		ombine the information	n for all	empl	oyers for	that perso	on on the li	ines below. If	you need			
						For Del	btor 1		btor 2 or ing spouse				
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	1	,075.00	\$	N/A				
3.	Estimate and list monthly ove	ertime pay.		3.	+\$		0.00	+\$	N/A				
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	1,0	75.00	\$	N/A				

Debtor 1		Roseann Goritz				Case number (if known)			18	18-00591			
							Debtor 1		ne	or Debto	spouse		
	Cop	y line 4 here		4	•	\$_	1,07	75.00	\$		N/A	_	
5.	List	all payroll deductions:											
	5a. 5b.	Tax, Medicare, and Social Secur Mandatory contributions for reti	-		a. b.	\$_ \$	15	50.00 0.00	\$ \$		N/A N/A	_	
	5c.	Voluntary contributions for retire	ement plans	5	c.	\$		0.00	\$		N/A	_	
	5d.	Required repayments of retireme	ent fund loans	5	d.	\$		0.00	\$		N/A	_	
	5e.	Insurance		5	e.	\$		0.00	\$		N/A	_	
	5f.	Domestic support obligations		5	f.	\$_		0.00	\$		N/A	_	
	5g.	Union dues		5	g.	\$_		0.00	\$		N/A		
	5h.	Other deductions. Specify:		_ 5	h.+	\$_		0.00	+ \$		N/A	_	
6.	Add	the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	6		\$_	15	50.00	\$		N/A	_	
7.	Cal	culate total monthly take-home pay	Subtract line 6 from line 4.	7		\$_	92	25.00	\$		N/A	_	
8.	List 8a.	all other income regularly received Net income from rental property profession, or farm Attach a statement for each proper receipts, ordinary and necessary b	and from operating a business, ty and business showing gross										
		monthly net income.	domoco expendee, and the tetal	8	a.	\$	75	50.00	\$		N/A		
	8b.	Interest and dividends		8	b.	\$		0.00	\$		N/A	_	
	8c.	regularly receive Include alimony, spousal support, or	ou, a non-filing spouse, or a dependent child support, maintenance, divorce			Φ		0.00	Φ.		NI/A	_	
	04	settlement, and property settlemen	I.		C.	\$_ \$		0.00	\$		N/A	_	
	8d. 8e.	Unemployment compensation Social Security			d. e.	\$ \$		0.00	\$ \$		N/A N/A	_	
	8f.	Other government assistance the Include cash assistance and the va	alue (if known) of any non-cash assistance ones (benefits under the Supplemental			\$_ \$	1!	55.00	\$		N/A	_	
	8g.	Pension or retirement income		_ 8	g.	\$		0.00	\$		N/A	_	
			Contribution from Debtor's			. –	0/				NI/A	_	
	8h.	Other monthly income. Specify:	Mother	_ 8	h.+	\$_	Ol	00.00	+ \$		N/A		
9.	Add	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.		9	.	\$	1,70	05.00	\$		N/A	4	
10.		culate monthly income. Add line 7 - the entries in line 10 for Debtor 1 and		10.	\$		2,630.00	+ \$		N/A	= \$	2,630.00	
11.	othe Do	ıde contributions from an unmarried μ r friends or relatives.	the expenses that you list in Schedule partner, members of your household, your ded in lines 2-10 or amounts that are not	dep					•	Schedui	le J. +\$	0.00	
12.		e that amount on the Summary of Sc.	ine 10 to the amount in line 11. The reshedules and Statistical Summary of Certa								\$	2,630.00	
13.		•	within the year after you file this form	1?							Combi month	ned ly income	
		No. Yes. Explain:											